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MOU	NTAIRE
Request for Vacation	on or Floating Holiday
SECTION 1	3-1-04 Dept. Lucha Hourly Salaried
Employee Name: Herman Ternique	201000 S. 0.7 (M) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Time Requested FROMTO
☐ Full Day Date Requested ☐ Extended Period Dates Requested FROM	ТО
FLOATING HOLIDAY: Date Requested 3-5-04	Calendar Anniversary
contact my supervisor and the Hantan Newson	next scheduled work day. If anything should prevent my return, I will advise them of my circumstances. They will counsel accordingly.
Herren & Jennyan	Date Date an Resources Department at least 2 weeks prior to the requested day(s)
off. It 2-week notification is not given, the second	
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 7 /25 / 94 Floating Holidays
<u>Vacation</u>	Total Days Eligible:
1) Total Days Eligible:	AYROLL Days Taken:
u / Days randin	IAP 0 6 2004 Days Requested:
4) Days Remaining:	EK ENDING Days Remaining:
(1 - 2 - 3 = 4)	74.55 C
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Superv	isor(s) and/or Manager(s)
SECTIONS	SUPERINTENDENT: Approved Disapproved
SUPERVISOR: Approved Disapproved D	
Signature Date	Signature Date
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved □ Disapproved □
Date	Signature Date
Signature	C DEPOCABLE MACATION FILE
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYRO IF DISAPPROVED, REASONS WILL BE STAT	OLL: WHITE TO PERSONNEL/VACATION FILE. ED ON REVERSE SIDE.

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MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1 To Be Completed by Employee Date of Request 7-8-04 Dept. Live has B' Hourly Employee Name: Herman Jernigan SS# 221-30-3547	
VACATION: Other Money Only 3WK5, Time Requested FROM	y 04
FLOATING HOLIDAY: (circle one) Date Requested Calendar Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly a supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly Date Employee Signature NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested off. If 2-week notification is not given, vacation/holiday pay may be delayed.	·
SECTION 2 To Re Completed by Human Resources PAYROLL Floating Holidays Wacation PAYROL Total Days Eligible:	
2) Days Taken: WEEK ENDING Days Requested: Days Requested: Days Remaining:	
4) Days Remaining: (1 - 2 - 3 = 4) Date	
Human Resources Representative's Signature	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s) SUPERVISOR: Approved Disapproved Supervisor Supe	 approved □
Tarry Litto 7-8-04 Signature Date	
N: Approved Disapproved PLANT MANAGER: Approved Dis	sapproved 🗆
Date Signature Da	te
O EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. ROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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Request fo	MOUNTAIRE A Property of Vacation or Floating Holiday
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SECTION 1 To Be Completed by Employee	Date of Request Hourly
imployee Name: Herman Jera	uigan SSH 21-30-35-17
/ACATION:	Time Requested FROM TO
Other	
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☐ Extended Period Dates Request	A STATE OF THE STA
FLOATING HOLIDAY: Date Requested 7-28-	
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contact my supervisor and the Human Resources D	return on the next scheduled work day. If anything should precent of the periment to advise them of my circumstances. They will counsel accordingly.
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Employee Signature	to least 2 weeks prior to the requested day(s
NOTE: This form must be completed and receive off. If 2-week notification is not given, vacation/h	ed by the Human Resources Department at least 2 weeks prior to the requested day(s notiday pay may be delayed.
	RESOURANDO I DATE OF HIRE 7 / 25/ 94 11
SECTION 2 To Be Completed by Human	AYROLL Grant Floating Holidays
Vacation	JUL 3 1 2007
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2) Days Taken:	
3) Days Requested:	Ob Days Requested: On Days Remaining:
4) Days Remaining:	The state of the s
(1 - 2 - 3 = -	9 30 04
	Date
Human Resources Representative's Signature	A CONTRACT OF THE PARTY OF THE
To Be Completed by Emplo	oyee's Supervisor(s) and/or Manager(s)
SECTION 3 10 Be Completed by Emptoved SUPERVISOR: Approved D Disapproved	Disapprov
harry Hills 7-	- 28-04 Date
	Date
FOREMAN: Approved Disapprov	
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Signature	Date distribution of the state
NOTE: PINK TO EMPLOYEE; YELLA IF DISAPPROVED, REASONS	OW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. WILL BE STATED ON REVERSE SIDE.

	MS OF DELMARVA n or Floating Holiday
SECTION 1 To Be Completed by Employee Date of Hire	27-8-98 Dept. Live haul
Employee Name: Peter Major s.	S# 221-40-4739 Non-Union Hourly Salaried
VACATION:	
□ ½ Day Date Requested Mのし □ Full Day(s) Date(s) Requested	vey Only (2 WKS) Hold wotil 4/e 175-03
FLOATING HOLIDAY:	(circle one)
Date Requested	(circle one) Calendar Anniversary
Employee Signature NOTE: This form must be completed and received by the Human Re If 2-week notification is not given, vacation/holiday pay may be delay SECTION 2 To Be Completed by Human Resources	Date Date
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	Floating Holidays
Vacation	Floating Holidays
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MOUNTAIR Request for	Vacation or Floating Holiday
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ployee Name: Peter Major	SS# 221-40-4739 Non-Union Hourly Salaried
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OATING HOLIDAY: Date Requested MonEY	(circle one) (Calendar Anniversary
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nployee Signature	Date
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2-week notification is not given, vacation/holiday [SECTION 2 To Be Completed by Human I	Resources PAYROLL 37 AUS 22 31
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	ixeduest 101	V ACALIUII U	rivating Honday		
SECTION 1 To Be Complete	ed by Employee	Date of Request	1-29-04		Live harl
Employee Name: Peter 1	Najer :	·	SS# 221-40-47		☐ Hourly ☐ Salaried
VACATION:		Time F	lequested FROM	то	
☐ Full Day	Date Requested_				
☐ Extended Period	Dates Requested	•	то		
FLOATING HOLIDAY: Date Requested_	1-29-04	4	(circle one) (Calendar) Anniver	rsary	,
I understand that if this request is go contact my supervisor and the Humo	ranted, I am to retu an Resources Depa	artment to advise t	them of my circumstances. Th	hey will counsel ac	y return, I will ecordingly.
Employee Signature			Date	30-07	
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Vacat	ion		Fl	oating Holida	<u>ys</u>
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2) Days Taken:			Days Taken:		
3) Days Requested:		· 	Days Requested:	-	PAYSOL
4) Days Remaining:			Days Remaining	•	The state of the state of
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					FK FACO: 1
Human Resources Representative's	Signature		— Date	A I. L.	
	:				
SECTION 3 To Be Comple	ted by Employee's	s Supervisor(s) an	d/or Manager(s)		•
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Signature	Date		Signature	<u></u>	Date
FOREMAN: Approved	Disapproved [PLANT MANAGER:	Approved 🗆	Disapproved 🗆
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Signature	Date		Signature		Date
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6-21-04; 8:39AM;			
3.		MOUNTAIRE	
	Request for	Vacation or Floating Holiday	
SECTION 1 To Be Comp	leted by Employee	Date of Request UIY 04 D	epr. <u>5622 - 3</u>
mployee Name: 12ta	Major	ss# 221-40-4739	☐ Hourly ☐ Salaried
ACATION: Other MON	engonly	Time Requested FROMTO	,
☐ Full Day	Date Requested_		**************************************
☐ Extended Period	Dates Requested	FROM: A WeekS	Process
OATING HOLIDAY: Date Requested	Money	Orly Calendar Kniniversary	JE 1.03 04
nderstand that if this request is tact my supervisor and the Hui	granted, I am to retur man Resources Depar	rn on the next scheduled work day. If anything should prevertment to advise them of my circumstances. They will counst	nt my return, I will el accordingly.
ployee Signature			
			the requested day(s)
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SECTION 2 To Be Comple	eted by Human Resor	PAYRULL Floating Holio	198
SECTION 2 To Be Comple	eted by Human Resor tion	PAYRULL PAYRULL Floating Holid JUL 0 3 2004 Total Days Eligible:	198
SECTION 2 To Be Comple <u>Vaca</u> Total Days Eligible:	eted by Human Resor	PAYRULL Floating Holic JUL 03 2004 Total Days Eligible: WEEK EINLING Taken;	198
To Be Comple Vaca Total Days Eligible: Days Taken:	eted by Human Resor tion	PAYRULL PAYRULL Floating Holid JUL 0 3 2004 Total Days Eligible:	198
Yaca Total Days Eligible: Days Taken: Days Requested: Days Remaining:	eted by Human Resortion (1 - 2 - 3 = 4)	PAYRULL PAYRULL Floating Holid JUL 0 3 2004 Total Days Eligible: WEEK ENUMBERS Taken: Days Requested:	198
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	Ω	RS 135	ige (1) City
Ť		MOUNTAIRE Vacation or Floating Holiday	FAXED
SECTION 1	Completed by Employee	Date of Request UNIO	Dept. <u>5622 - 3</u>
Employee Name: 141	in Mayor	ss# 221-40-4739	☐ Salaried
VACATION: Other 1	meroney	Time Requested FROMTO	
☐ Full Day ☐ Extended Peri	Oate Requested od Dates Requested	FROM A WeetS	
FLOATING HOLIDAY; Date Re	quested Money	Calendar Christiany	
Retur Mais	the Human Resources Depart	n on the next scheduled work day. If anything should pre tment to advise them of my circumstances. They will coun	vent my return. I will
Employee Signature	governmented and received by a	Date	
off. If 2-week notification	is not given, vacation/holiday	he Human Resources Department at least 2 weeks prior to pay may be delayed.	o the requested day(s)
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	Vacation	JUL 03 2004 Floating Ho	lidays
1) Total Days El	gible:	WEEK ENDING Days Eligible:	
Days Taken:Days Requeste		Days Taken: Days Requested:	
4) Days Remaini		Days Remaining:	
	(1 - 2 - 3 = 4)		-
Human Resources Represe	ntative's Signature	Date	·
SECTION 3 To Be	Completed by Employee's St	upervisor(s) and/or Manager(s)	•
SUPERVISOR: Approve	Disapproved	SUPERINTENDENT: Approved	☐ Disapproved ☐
Signature Signature	Date	Signature	Date
FOREMAN: Approve	ed 🗆 Disapproved 🗆	PLANT MANAGER: Approved	□ Disapproved □
Signature	Date	Signature	Date
NOTE: PINK TO IF DISAP	EMPLOYEE; YELLOW TO PA PROVED, REASONS WILL BE ST	YROLL; WHITE TO PERSONNEL/VACATION FILE. FATED ON REVERSE SIDE.	

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1	MOUNTAIRE FARM Request for Vacation	MS OF DELMARY	A
SECTION 1 To Be Compl	eted by Employee Date of Hire	7-8-98	Dept. Live haul
Employee Name: Peter H	1. Major Jr. ss	121-40-4739	Union 5 0 80 Non-Union Hourly Salaried
VACATION:			
□ ½ Day	Date Requested		
☐ Full Day(s)	-	CS. Money ON	ly
FLOATING HOLIDAY:		(circle one)	<u>(</u>
Date Requested		Calendar Annivers	Iarv
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NOTE: This form must be completed f 2-week notification is not given, SECTION 2 To Be Completed Vacant	eted by Human Resources	sources Department at least 2 weed.	· • •
NOTE: This form must be completed for 2-week notification is not given, SECTION 2 To Be Completed to Total Days Due: Days Requested:	eted by Human Resources	sources Department at least 2 weedd.	ks prior to the requested day(s) off.
NOTE: This form must be completed f 2-week notification is not given, SECTION 2 To Be Completed Water Yater Total Days Due: Days Requested:	eted by Human Resources	Floar Total Days Due:	ks prior to the requested day(s) off.
SECTION 2 To Be Complete Yaca Total Days Due: Days Requested: Days Remaining:	eted by Human Resources tion (1 - 2 = 3)	Flources Department at least 2 weekd. Total Days Due: Days Requested:	ks prior to the requested day(s) off. ating Holidays
SECTION 2 To Be Comple Vaca Total Days Due: Days Requested: Days Remaining:	eted by Human Resources tion (1 - 2 = 3)	Flo: Total Days Due: Days Requested: Days Remaining:	ks prior to the requested day(s) off.
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NOTE: This form must be completed for 2-week notification is not given, SECTION 2 To Be Completed Security Days Requested: Days Remaining: Days Remaining: Juman Resources Representative's SECTION 3 To Be Completed Security Description of the Completed Security Days Remaining:	eted by Human Resources tion (1 - 2 = 3) Signature ted by Employee's Supervisor(s) a Disapproved []	Total Days Due: Days Requested: Days Remaining: Date Date SUPERINTENDENT:	ks prior to the requested day(s) off. ating Holidays Approved □ Disapproved □

	MOUNTAIRE FAR	RMS OF DELMAR	V A	
		on or Floating Holida		
	leted by Employee Date of Hin	re 7-8-98	Dept. <u></u>	nion 5676
Employee Name: Teter	Major s	SSH 221-40-4739	ON	on-Union Hourly
VACATION:				
☐ ½ Day	Date Requested			
☐ Fuil Day(s)	Date(c) Remiested	3		
		alradypaid 4/E 6-29	I-02	
FLOATING HOLIDAY:	712 20	(circle one)		The state of the s
Date Requested	7-12-82	Calendar Annivo	ersary	
I understand that If this request is contact my supervises and the Hu	granted, I am to return on the ne man Resources Department to a.	ext scheduled work day. If anythic lvise them of my circumstances.	ng should prevent They will counsel	my return, I will accordingly.
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Employee Signature				1
NOTE: This form must be comple If 2-week notification is not given,	eted and received by the Human F	Resources Department at least 2 w	eeks prior to the r	equested day(s) off.
	vacation/noticiay pay may be dela	iyed. 		
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2) Days Requested:		Days Requested		
3) Days Remaining:		Days Remaining		
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			, m sw	2 22
Human Resources Representative's	Signature	Date	, market	or what proper
SECTION 3 To Be Comple	eted by Employee's Supervisor(s	s) and/or Manager(s)		
SUPERVISOR: Approved [Disapproved [SUPERINTENDENT:	Approved []	Disapproved 🗆
Signature	Date	Signature		Date
KODENAN		-		
	Disapproved	PLANT MANAGER:	Approved []	Disapproved []
FOREMAN: Approved		LANT HANAGER	, approved E3	
Lary Hills	7-16-02			
Lary Hiffy Signature		Signature		Date

	MOUNTAIDE	ARMS OF DELMARVA	
	Request for Van	ARMS OF DELMARVA	
	Acquest for vac	ation or Floating Holiday	<u>.</u>
SECTION 1 To Be	Completed by Employee Date of	of Hire 7/8/98 D	pt_5620
imployee Name:	Peter Major	= ss# <u>&21- 40-4739</u>	Union Non-Union Hourly
ACATION:		= 55# <u>2001- 40-4134</u>	O Salaried
☐ ½ Day	D-1 D	The state of the s	
☐ Full Day(s)	Date Requested	· · · · · · · · · · · · · · · · · · ·	•
	Date(s) Requested	CALL STATE OF THE	•
LOATING HOLIDAY:		and the same of th	
Date Requ	nested March 17,2003	(circle one)	1755.
nderstand that is a .		(Calendar) Anniversary	
ntact my sufferyisor and the	e Human Resources Denartment	next scheduled work day. If anything should placed in the control of the control	event my return 1
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ployee Signature		——————————————————————————————————————	2-87
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week notification is not give	mpleted and received by the Humar ven, vacation/holiday pay may be de	Resources Department at least 2 weeks prior to	the requested day(s) off.
7		Resources Department at least 2 weeks prior to clayed.	
ECTION 2 To Be Co.	mpleted by Human Resources	Resources Department at least 2 weeks prior to	the requested day(s) off.
ECTION 2 To Be Co.			03 MAR 14
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, D an	uest for Vacation or	Floating Holiday		
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SECTION 1 To Be Completed by	Employee Date of Request		□ но	ourly
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nployee Name: Warren to	coell	ss# 216:38-8147		
nployee Name: VVXII C	\$	Requested FROM	TO	
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MOUNTAIRE Paguest for Vagation or Floating Holiday				
Request for Vacation or Floating Holiday				
SECTION 1 To Be Completed by Employee Date of Request	4704 Dept 5622-3			
Employee Name: Warren Purnell	☐ Hourly ☐ Salaried			
all when				
Time Re	quested FROMTO			
☐ Full Day				
☐ Extended Period Dates Requested FROM	TO			
FLOATING HOLIDAY: Date Requested Morray only	(circle one) Calendar Anniversary			
I understand that if this request is granted, I am to Yeturn on the wext sche contact my supervisor and the Human Resources Department to advise th	duled work day. If anything should prevent my return, I will em of my circumstances. They will counsel accordingly.			
Employee Signature	Date			
NOTE: This form must be completed and received by the Human Resou off. If 2-week notification is not given, vacation/holiday pay may be dela	rces Department at least 2 weeks prior to the requested day(s) yed.			
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 4/10/95			
<u>Vacation</u>	Floating Holidays			
1) Total Days Eligible:	Total Days Eligible:			
2) Days Taken: PAYROLI	Days Taken:			
3) Days Requested: all APR 10 200	h Days Requested:			
4) Days Remaining: (1 - 2 - 3 = 4)	Days Remaining:			
Human Resources Representative's Signature	Date			
SECTION 3 To Be Completed by Employee's Supervisor(s) and	/or Manager(s)			
SUPERVISOR: Approved □ Disapproved □	SUPERINTENDENT: Approved □ Disapproved □			
	Date			
Signature Date .	Signature Date			
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved □ Disapproved □			
Signature Date	Signature Date			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE				

MOUNTA MOUNTA			
Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Request	2/27/04 Dept. 5622-		
	SS# <u>216-38-8147</u> Hourly Salaried		
Employee Name: Wave / Wife to	(All weeks)		
7	Requested FROM TO TO		
☐ Full Day ☐ Date Requested ☐ FROM ☐ Extended Period ☐ Dates Requested ☐ FROM ☐ ☐	TOT("" V'E		
FLOATING HOLIDAY: Date Requested Money only	(circle one) 4-(0-0)		
I understand that if this request is granted, I am to return on the next so contact my supervisor and the Human Resources Department to advise	heduled work day. If anything should prevent my leading them of my circumstances. They will counsel accordingly.		
contact my supervisor and the number Resources Department of	SIATIOH		
Employee Signature	Date		
NOTE: This form must be completed and received by the Human Res	ources Department at least 2 weeks prior to the requested day(s)		
off. If 2-week notification is not given, vacation/holiday pay may be de	clayed.		
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 4 / 10 / 95		
<u>Vacation</u>	Floating Holidays		
1) Total Days Eligible:	Total Days Eligible:		
2) Days Taken:	Days Taken:		
3) Days Requested:	Days Requested:		
4) Days Remaining:	Days Remaining:		
(1 - 2 - 3 = 4)			
	Dist		
Human Resources Representative's Signature	Date		
	Alay Managarie)		
SECTION 3 To Be Completed by Employee's Supervisor(s) a			
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved □ Disapproved □		
Laure Mills 2/21/04	Date		
Signature Date	Signature Date		
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved □ Disapproved □		
Signature Date	Signature Date		
Signature			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WH IF DISAPPROVED, REASONS WILL BE STATED ON R	ITE TO PERSONNEL/VACATION FILE. EVERSE SIDE.		

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Request	2/27/04 Dept. 5622-		
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VACATION:	(All weeks)		
Other Monus Orline Re	quested FROM Hold with whe		
Bxtended Period Dates Requested FROM	то 4-/0-09		
FLOATING HOLIDAY: Date Requested Money only	(circle one) 2 WLS		
the description and the state of the next of the next of the next of the	duled work day. If anything should prevent my return, I will		
contact my supervisor and the Human Resources Department to advise the	tem of my circumstances. They will counsel accordingly.		
Employee Signature	Date Date		
NOTE: This form must be completed and received by the Human Resou	rces Department at least 2 weeks prior to the requested day(s)		
off. If 2-week notification is not given, vacation/holiday pay may be dela	yed.		
CECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 4 / 10 / 95		
SECTION 2 10 Be Completed by Human Resources Vacation	Floating Holidays		
1) Total Days Eligible:	Total Days Eligible:		
2) Days Taken	POLL Days Taken:		
3) Days Requested:	23/3 1104303134		
1 2 2 2 3 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	0 2004 Days Remaining:		
(1 - 2 - 3 = 4) <u>WEEK</u>	ENDING !		
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s) and	d/or Manager(s)		
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Signature Date	Signature Date		
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Signature Date	Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REV	E TO PERSONNEL/VACATION FILE. ERSE SIDE.		

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" MACOUNTABLINE

, , T	ime Off Request Form	at NOV 30 41
Name Ron R. Tingle	s.s.# 221 46 29	51
Date of Hire 1-26-98-	Department Chicker	Catcher
SUNION □ NOI	N-UNION HOURLY 💢 SALARIED 💐	Zie
(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar	
	Hollday Anniversary Two Pens	onel
Day/Date(s) Requested Money	Only For 2 Personal days	
I UNDERSTAND THAT IF THIS REQUEST IS GRAI SHOULD PREVENT MY RETURN I WILL CONTACT M THEY WILL COUNSEL ACCORDINGLY.	NTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND AT SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE	THAT IF ANTTHONG CIRCUMSTANCES
Employee's Signature	11-28-01 Date	-
SUPERVISOR'S SIGNATURE	DATE SAFTROVED	CIDISAPPROVED
Larry Hills FOREMAN'S SIGNATURE	11-18-81 TAPPROVED	DISAPPROVED
SUPERINTENDENT'S SIGNATURE	DATE CAPPROVED	CIDISAPPROVED
PLANT MANAGER'S SIGNATURE	DATE CIAPPROVED	EDISAPPROVED 01 2597
FOR OFFICE USE ONLT:	# OF DAYS DUE # OF DAYS REQUESTED # OF DAYS LEFT	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
FORM 011 wy.dan September 13, 1999		

· · ·	Time Off	Request Fo	rm -
Name Kon	ald Tingle	s.s.#_ 2 8	21-46-2951
Date of Hire	1/26/98	Depar	tment Zive Hand
DANION	□ NON-UNION I	HOURLY	SALARIED 51,20
(CHECK ONE). Vacation		Personal/Floating Holiday - Calenda	The state of the s
		Personal/Floating Holiday -Annivers	ary
Day/Date(s) Requ	ested March 19 th	- Mac	- 23rd, 2001 IW
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Employee's Signature		Date	
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FOREMAN'S SIGNAT	Hilb D.	3-12-d	ÉAPPROVED EDISAPPROVED
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PLANT MANAGER'S	SIGNATURE	DATE	DAY/DOLL
			PAYROLL
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FORM 011 wyrdise September 23, 1999

	Time (Off Request For	·m	91 HOU 3
Name Ron R.	Tingle	s.s.# <u>22</u>	1 46 2951	
Date of Hire 1-26	- 98.	Depart	ment Chieten C	atcher
NOINUN	□ NON-UNIC	N HOURLY C	SALARIED SC	ise
(CHECK ONE): Vacation		Personal/Bloading &		
		Personal/Floating Holiday -Anniversa	y Two Person	21
Day/Date(s) Requested		Y FOT 2 Pers	7	· · · · · · · · · · · · · · · · · · ·
SHOULD PREVENT MY RETURN I THET WILL COUNSEL ACCORDING	WILL CONTACT MY SUPERVI	SORAND HUMAN RESOURCES AN	D ADVISE THEM OF THE CIRC	UMSTANCES
Employee's Signature		Date		
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Larry Hills FOREMAN'S SIGNATURE		11-28-8 DATE		ISAPPROV
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PLANT MANAGER'S SIGNATU	RE	DATE	CAPPROVED CIDIS	SAPPROVE
			DEC 01 28	91
FOR OFFIC		YS REQUESTED		NG
FORM OI 1 mp:das	# OF DA	YS LEFT		

MOUNTAIRE F Request for Vac	FARMS OF DELMARVA 82 HOV 4 cation or Floating Holiday
SECTION 1 To Be Completed by Employee Date Employee Name: Antonio Walters	Union Surv
VACATION:	
☐ ½ Day Date Requested	
FLOATING HOLIDAY: Date Requested Maney only	(circle one) (Calendar) (Anniversary) - 2
I understand that if this request is granted, I am to return on contact my supervisor and the Human Resources Departmen	the next scheduled work day. If anything should prevent my return, I will not to advise them of my circumstances. They will counsel accordingly.
Contanía waltes Employee Signature	1/-/-02 Date
NOTE: This form must be completed and received by the H If 2-week notification is not given, vacation/holiday pay may	tuman Resources Department at least 2 weeks prior to the requested day(s) off. be delayed.
SECTION 2 To Be Completed by Human Resource Vacation	es Floating Holidays
l) Total Days Due:	Total Days Duc:
2) Days Requested:	Days Requested:
3) Days Remaining: (1 - 2 = 3)	Days Remaining:
	Date
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Sup-	ervisor(s) and/or Manager(s)
SUPERVISOR: Approved □ Disapproved □	SUPERINTENDENT: Approved [] Disapproved []
Signature Date	Signature Date
FOREMAN: Approved Disapproved D	PLANT MANAGER: Approved [] Disapproved []
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYR IF DISAPPROVED, REASONS WILL BE STA	COLL; WHITE TO PERSONNEL/VACATION FILE. LITED ON REVERSE SIDE.

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire 4	7-19-99 Dept. <u>live haul</u> Winion		
Employee Name: Antonio Walters ss# =	222-56-36/0 Non-Union Hourly Salaried		
VACATION:			
☐ ½ Day Date Requested	nly 2 Weeks pay		
FLOATING HOLIDAY: Date Requested Maney only	(circle one) (Calendar Anniversary -)		
I understand that if this request is granted, I am to return on the next sch contact my supervisor and the Human Resources Department to advise to	eduled work day. If anything should prevent my return, I will hem of my circumstances. They will counsel accordingly.		
<u>Antaria waltis</u> Employee Signature			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
<u>Vacation</u>	Floating Holidays		
1) Total Days Due:	Total Days Due:		
2) Days Requested:	Days Requested:		
3) Days Remaining:	Days Remaining:		
(1 - 2 = 3)			
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s) and			
SUPERVISOR: Approved □ Disapproved □	SUPERINTENDENT: Approved □ Disapproved □		
Signature Date	Signature Date		
FOREMAN: Approved Disapproved D	PLANT MANAGER: Approved ☐ Disapproved ☐		
Signature Date	Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REV	E TO PERSONNEL/VACATION FILE. ERSE SIDE.		

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation of Floating Holiday		
SECTION 1 To Be Completed by Employee Date of Employee Name: Antonio Walters	Union Ob.70	
VACATION:		
☐ ½ Day Date Requested		
FLOATING HOLIDAY: Date Requested Money only	(circle one) (Calendar Anniversary) - 2	
I understand that if this request is granted, I am to return on the contact my supervisor and the Human Resources Department	ne next scheduled work day. If anything should prevent my return, I will to advise them of my circumstances. They will counsel accordingly.	
<u>Antaria waltus</u> Employee Signature	11-1-02 Date	
NOTE: This form must be completed and received by the Hum If 2-week notification is not given, vacation/holiday pay may be	nan Resources Department at least 2 weeks prior to the requested day(s) off.	
SECTION 2 To Be Completed by Human Resources		
<u>Vacation</u>	Floating Holidays	
1) Total Days Due: 2) Days Requested: 3) Days Remaining:	Days Requested: Days Remaining:	
(1 - 2 = 3)	NOV 02 2002	
Human Resources Representative's Signature	Date Date INDING	
SECTION 3 To Be Completed by Employee's Superv	risor(s) and/or Manager(s)	
SUPERVISOR: Approved [] Disapproved []	SUPERINTENDENT: Approved Disapproved D	
Signature Date	Signature Date	
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved Disapproved D	
Signature Date	Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROI IF DISAPPROVED, REASONS WILL BE STATE	LL; WHITE TO PERSONNEL/VACATION FILE. ED ON REVERSE SIDE.	

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday				
		Hire <u> </u>	Dept. <u>//и</u> с	n And
Employee Name: Antonio	walters	SS#_222-56-3610		Union Hourly
VACATION:				
☐ 1/2 Day	Date Requested	······································		
☐ Full Day(s)	Date(s) Requested			
FLOATING HOLIDAY: Date Requested	9-5-02	more only (circle one) (alendar Anniver	sary	
understand that if this request is gontact my supervisor and the Hun	granted, I am to return on th nan Resources Department t	ne next scheduled work day. If anything to advise them of my circumstances. T	g should prevent m hey will counsel ac	y return, I will ccordingly.
Antonio maltas Employee Signature		9- Date	6-02	
NOTE: This form must be comple		nan Resources Department at least 2 we	eks prior to the rec	ruested day(s) off
	vacation/holiday pay may be	delayed.		
If 2-week notification is not given,	vacation/holiday pay may be	delayed		02 SEP
f 2-week notification is not given,	eted by Human Resources		oating Holida	
f 2-week notification is not given, SECTION 2 To Be Comple Vaca	tion	<u>FI</u> Total Days Due:		•
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SECTION 2 To Be Comple Vaca Total Days Due: Days Requested: Days Remaining:	tion (1 - 2 = 3)	<u>FI</u> Total Days Due: Days Requested:	· · · · · · · · · · · · · · · · · · ·	<u>ys</u>
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	MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday		
DISCATORIA		Hire <u>4-19-99</u>	Dept. Live haul Tunion SV SV
Employee Name: Antonio	Walters	SSH_222-36-3610_	O Salaried
VACATION:		1 11	'er
☐ ½ Day	Date Requested	ney only	
☐ Full Day(s)	Date(s) Requested	2 W	ecks pay
FLOATING HOLDAY:		(circle one)	
Date Requested _	money only	(Calendar) (Anniversary) - A
understand that if this request is go contact my supervisor and the Hum	ranted, I am to return on the an Resources Department to	e next scheduled work day. If anything sho o advise them of my circumstances. They	ould prevent my return, I will will counsel accordingly.
Ontario walta	<u> </u>		-02
If 2-week notification is not given, v		an Resources Department at least 2 weeks delayed.	prior to the requested day(s) off.
Vacat	ion	Float	ing Holidays
l) Total Days Duc;		Total Days Due:	·
2) Days Requested:		Days Requested:	
Days Remaining:		Days Remaining:	PAYADL
	(1 - 2 = 3)	, -	NOV 02 2002
	-	•	Control of the state of the sta
			الله الله الله الله الله الله الله الله
Human Resources Representative's	Signature	Date	
SECTION 3	eted by Employee's Supervi	isor(s) and/or Manager(s)	
SECTION 3 To Be Comple		isor(s) and/or Manager(s)	pproved 🗆 Disapproved 🖸
SECTION 3 To Be Comple	eted by Employee's Supervi	isor(s) and/or Manager(s)	pproved Disapproved Date
SECTION 3 To Be Comple	eted by Employee's Supervi	SUPERINTENDENT: A Signature PLANT MANAGER: A	
SECTION 3 To Be Comple SUPERVISOR: Approved Signature	Disapproved Date	isor(s) and/or Manager(s) SUPERINTENDENT: Applications Signature	Date

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MOUNTA Request for Vacation or	li di
	4-20-04 Dept. live box
SECTION 1 To Be Completed by Employee Date of Request	☐ Hourly
Employee Name: Anton: 0 Walters	SS# 222-56-3610 Salaried
	quested FROM 4-20-04 TO 5-4-04
☑ Full Day Date Requested	Pluciss WC 04 17 Gij
FLOATING HOLIDAY: Date Requested	(circle one) Calendar Anniversary
I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise th	duled work day. If anything should prevent my return, I will
Contanio Lucalles J. Employee Signature	$H_{-}I_{-}=I_{0}$
NOTE: This form must be completed and received by the Human Resou off. If 2-week notification is not given, vacation/holiday pay may be dela	rces Department at least 2 weeks prior to the requested day(s) yed.
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 4 / /9 / 99
SECTION 2	Floating Holidays
Vacation Q 1. leuks	Total Days Eligible:
1) Total Days Eligible:	Days Taken:
3) Days Requested: Autule PA	YROLL Requested:
4) Days Remaining: (1 - 2 - 3 = 4)	Days Remaining:
The state of the s	K ENDING
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor(s) and	
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved □ Disapproved □
Jany Hills 4-6-04	Signature Date
Signature Date	
FOREMAN: Approved □ Disapproved □	PLANT MANAGER: Approved □ Disapproved □
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHIT IF DISAPPROVED, REASONS WILL BE STATED ON REV	E TO PERSONNEL/VACATION FILE. ERSE SIDE.

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday				
SECTION 1 To Be Completed by Employee Date of Hire Employee Name: Antonio Waltress#	4-19-99 Dept. 56-20 222-56-3610 Dept. 56-20 Non-Union Hourly Salaried			
VACATION:	Hold until 4/E 4-19-03			
☐ ½ Day Date Requested	Joney 2 Weeks			
FLOATING HOLIDAY: Date Requested	(circle one) Calendar Anniversary			
I understand that if this request is granted, I am to return on the next sch contact my supervisor and the Human Resources Department to advise to Employee Signature NOTE: This form must be completed and received by the Human Resources If 2-week notification is not given, vacation/holiday pay may be delayed.	them of my circumstances. They will counsel accordingly. 4-3-03 Date			
SECTION 2 To Be Completed by Human Resources	93 APR 7 3:			
<u>Vacation</u>	Floating Holidays			
1) Total Days Due: 2) Days Requested: 3) Days Remaining:	Total Days Due: Days Requested: 50.22			
(1 - 2 = 3)	Days Remaining: APR 19 2071			
	Days Remaining: APR 1.9 2000 WEEK = 10 2000 Date			
(1 - 2 = 3)	Date VYCTX 12.11			
(1 - 2 = 3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) and	Date Date			
Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved Disapproved	Date Date Date Disapproved Disappro			
Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved Disapproved Signature Date	Date Date Date Disapproved Disapproved Disapproved Date D			

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MOUNTAIRE Request for V	FARMS OF DELMARVA acation or Floating Holiday
	Dept. 1 Ve have described the description of the de
•	
VACATION: Date Requested Pull Day(s) Date(s) Requested	1-33-03
FLOATING HOLIDAY: Date Requested /- 22-0.	
I understand that if this request is granted, I am to retur contact my supervisor and the Human Resources Depar Contact was unvestigated Employee Signature	n on the next scheduled work day. If anything should prevent my return, I will timent to advise them of my circumstances. They will counsel accordingly. \[\frac{1 - \frac{1}{2}}{Date} \] \[\frac{83 \text{ JRH 24}}{24} \]
If 2-week notification is not given, vacation/holiday pay	
SECTION 2 To Be Completed by Human Rest. Vacation	Floating Holidays
1) Total Days Due:	Total Days Due: Days Requested:
2) Days Requested:	Days Remaining:
2) Days Requested: 3) Days Remaining: (1 - 2 = 3)	Days Remaining: JAY 25 23
3) Days Remaining:	
3) Days Remaining: (1 - 2 = 3)	
3) Days Remaining: (1 - 2 = 3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's	Supervisor(s) and/or Manager(s)
3) Days Remaining: (1-2=3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's SUPERVISOR: Approved Disapproved Date FOREMAN: Approved Disapproved Dis	Supervisor(s) and/or Manager(s) SUPERINTENDENT: Approved Disapproved Signature Date PLANT MANAGER: Approved Disapproved Disapproved
3) Days Remaining: (1-2=3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's SUPERVISOR: Approved Disapproved Date FOREMAN: Approved Disapproved Dis	Supervisor(s) and/or Manager(s) SUPERINTENDENT: Approved Disapproved Signature Date

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, Time Off Request Form
Name Patrick Bratton s.s. # 221-52-3393
Date of Hire D7/31/00 Department Zive-Hau
DUNION ON ON UNION HOURLY SALARIED
(CHECK ONE): Personal Floating Vacation Holiday - Calendar
Personal/Floating Holiday - Anniversary
Holiday -Anniversaly
Day/Date(s) Requested Cashonly
I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THE PULL COUNSEL ACCORDINGLY.
Employee's Signature Date
Larry HB SUPERVISOR'S SIGNATURE 5-10-01 CLAFFROVED CIDISAPPROVED DATE
FOREMAN'S SIGNATURE DATE
SUPERINTENDENT'S SIGNATURE DATE
PLANT MANAGER'S SIGNATURE DATE MAY 1 2 2001 THE THE PROPERTY OF THE PROPERT
FOR OFFICE USE ONLY: # OF DAYS DUE # OF DAYS REQUESTED # OF DAYS LEFT
The state of the s

MICHIAIRE Time Off Request Form

T 111	te Ott ixednese	I OI III	
Name Patrick O' Bratto	<u>n</u>	221-52-33	393
Date of Hire 7/31/00.		Department <u>LIVR</u> -	Hou/
D'UNION D'NON-I	JNION HOURLY	□ SALARIED	5000 31.111.17 9
(CHECK ONE): Vacation	Personal/Flo Holiday - Ca		
	Personal/Floa Holiday -Ann		
Day/Date(s) Requested Mow	ey DNX	luk	
I UNDERSTAND THAT IF THIS REQUEST IS GRANTE SHOULD PREVENT MY RETURN I WILL CONTACT MY S THEY WILL COUNSEL ACCORDINGLY.	ED, AM TO RETURN ON THE NE SUPERVISOR AND HUMAN RESOL	YT SCHEDULED WORK DAYAN RCES AND ADVISE THEM OF TO	ID THAT IF ANYTHING HE CIRCUMSTANCES.
Employee's Signature		16/0/	· · · · · · · · · · · · · · · · · · ·
SUPERVISOR'S SIGNATURE	DATE	CIAPPROVE	ED CIDISAPPROVED
Lary Lilb FOREMAN'S SIGNATURE	7-16~ DATE	O LAPPROVE	ED IDISAPPROVED
SUPERINTENDENT'S SIGNATURE		lo 1 CIAPPROVE	D CDISAPPROVED PAYROLL
SUPERINTENDENT'S SIGNATURE			JUL 2 1 2001 PEERSAPPROYNED
PLANT MANAGER'S SIGNATURE	DATE		2.401146
	# OF DAYS DUE # OF DAYS REQUESTED # OF DAYS LEFT		
<u> </u>	,		

MICHITALICE Time Off Request Form

Name Patri	ck Bratton	7 s.s.#_ <i>23</i>	21-52-3393	3
Date of Hire 7/	31/00.	Dep	artment <u>Live-Hau</u>	1
DUNION	□ NON-UNIO	N HOURLY	SALARIED 5	, H
(CHECK ONE): Vacation		<u>Personal/Floatir</u> Holiday - Calen	dar Killi	ad: pa.
		Personal/Floatin Holiday -Annive		
Day/Date(s) Requested	Money	only	• .	
I UNDERSTAND THAT IF THE SHOULD PREVENT MY RETURNED ACCOUNTS ACCOU	RN I WILL CONTACT MI SUPERVL	TO RETURN ON THE MEXT SOR AND HUMAN RESOURCE	CHEDULED WORK DAY AND THAT I	FANTTHENG MSTANCES.
Employee's Signature	ratten	Date	(- O)	
-				91 NOV 21 3
UPERVISOR'S SIGNATU	RE	DATE	CAPPROVED CID	ISAPPROVED
Lary Til	145	//-/9-0 DATE	/ LAPROVED IDI	SAPPROVED
UPERINTENDENT'S SIG	NATURE	DATE	CIAPPROVED CIDI	SAPPROVED
		D. 100	CAPPROVED CIDE	SAPPROVED
LANT MANAGER'S SIGN	ATURE	DATE	NOV 24 2	
FOR	# OF D	AYS DUEAYS REQUESTED	t A comes	

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday				
	7/31/00 Dept. 21/2 Hacul			
VACATION:				
☐ ½ Day Date Requested				
FLOATING HOLIDAY: Date Requested (15/02)	(circle one) Calondar Anniversary			
I understand that if this request is granted, I am to return on the ne contact my supervisor and the Human Resources Department to achieve the supervisor and the Authory. Employee Signature	ext scheduled work day. If anything should prevent my return, I will livise them of my circumstances. They will counsel accordingly. Date			
NOTE: This form must be completed and received by the Human I If 2-week notification is not given, vacation/holiday pay may be dela	Resources Department at least 2 weeks prior to the requested day(s) off, ayed.			
SECTION 2 To Be Completed by Human Resources	62 лин 5			
SECTION	Floating Holidays			
<u>Vacation</u>	Total Days Due:			
1) Total Days Due:	Days Requested:			
2) Days Requested: 3) Days Remaining:	Days Remaining.			
(1 - 2 = 3)	Marie de la Marie			
Human Resources Representative's Signature	Date			
SECTION 3 To Be Completed by Employee's Supervisor				
SUPERVISOR: Approved ☐ Disapproved ☐	SUPERINTENDENT: Approved ☐ Disapproved ☐			
Signature Date	Signature Date			
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved [Disapproved [
Farry Hills 6-4-02 Signature Date	Signature Date			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire	7/31/00	Dept. Live -	nion Hourly
Employee Name: Patrick o'Bration SS#	J21-02-3393	Salarie	<u>d</u>
VACATION:	, luk		
☐ ½ Day Date Requested MONE	oaly_		
☐ Full Day(s) Date(s) Requested	<u> </u>		
FLOATING HOLDAY:	(circle one)	n/	,
Date Requested	Calendar Anniversa		7 .71
I understand that if this request is granted, I am to return on the next s contact my supervisor and the Human Resources Department to advis	t men of my		return, I will cordingly.
Patrick Bratton	Date	15/02	
Employee Signature		ise to the reco	The (2)veb bases
NOTE: This form must be completed and received by the Human Res If 2-week notification is not given, vacation/holiday pay may be delaye	ources Department at least 2 weer d.	28 hitor to me rede	losted duj(e) +=-
			. يَأْتُونِ ا
SECTION 2 To Be Completed by Human Resources			, J. C
Vacation	Flo	ating Holiday	<u>'S</u>
	Total Days Due:		
1) Total Days Due: 2) Days Requested:	Days Requested:		
3) Days Remaining:	Days Remaining:	- - 1/1/- c	7 R 7/1 =
(1-2=3)		39,	11 200
		"YEEK F	7 400 Parts
Human Resources Representative's Signature	Date	VYEEK F	111.77 <u> </u> 20 202 2012
Human Resources Representative's Signature		WEEK F	
Iluman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s)		Approved 🗆	Disapproved
Human Resources Representative's Signature	and/or Manager(s)		Disapproved []
Iluman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s)	and/or Manager(s)		
Iluman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) SUPERVISOR: Approved Disapproved	and/or Manager(s) SUPERINTENDENT:		Disapproved []
Illuman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) SUPERVISOR: Approved Disapproved Date	and/or Manager(s) SUPERINTENDENT: Signature	Approved 🗆	Disapproved Date

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M(OUNTAIRE Request for V	E FARM	S OF DELM or Floating H	IARVA oliday		
SECTION 1 To Be Complete		, · · · ·	11/2. /		Dept. <u>Live</u>	-Haul Sox
Employee Name: Patrice	Brattor	7SS#.	7131100 221-54	(-33°	Non-I Salari	Inion Hourly ed
VACATION:						
☐ ½ Day	Date Requested		······································			
☐ Full Day(s)	Date(s) Requested		aliendy pr	uri HE	6-8-02	
FLOATING HOLIDAY: Date Requested	12-12-07	<u></u>	(circle			-
I understand that if this request is go contact my supervisor and the Humo Patrick B Employee Signature	4 1 7 4 4 4	- on the next	scheduled work day. e them of my circum	If anything istances. The Date	should prevent m ry will counsel ac	y return, I will cordingly.
NOTE: This form must be complete If 2-week notification is not given, v	ed and received by the acation/holiday pay	he Human Res may be delaye	ources Department a	at least 2 wee	ks prior to the req	uested day(s) off.
SECTION 2 To Be Comple	ted by Human Reso	ources				36 050 17
<u>Vacat</u>	<u>ion</u>			<u>Flo</u>	ating Holida	<u>ys</u>
1) Total Days Due:				Days Due:		
2) Days Requested:			•	Requested:	- F)	1122
3) Days Remaining:			Days	Remaining:	ÜEr	1 1 0000
	(1-2=3)				WEE	(<u>23.5%)</u>
Human Resources Representative's	Signature			Date		The second of the second
SECTION 3 To Be Comple	eted by Employee's	Supervisor(s)	and/or Manager(s)	ı		
SUPERVISOR: Approved □	Disapproved		SUPERINTI		Approved []	Disapproved [
Signature	Date	<u></u>	Signature			Date
FOREMAN: Approved	Disapproved [PLANT MA	NAGER:	Approved 🛘	Disapproved
Farry E. Jifb Signature	12-1. Date	3-02	Signature	<u></u>	······································	Date
NOTE: PINK TO EMPLO	OYEE; YELLOW TO I D, REASONS WILL BE	PAYROLL; WH E STATED ON R	ITE TO PERSONNEL/ EVERSE SIDE.	VACATION FI	LE.	

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	lates/63-Ouge				
MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
Request for vacation or					
SECTION 1 To Be Completed by Employee Date of Hire	7/31/00 Dept. 5620				
Employee Name: Patrick Bratter SS# C	20-Union O-Union Hourly Salaried				
VACATION:	•				
☐ ½ Day Date Requested					
☐ Full Day(s) Date(s) Requested					
FLOATING HOLIDAY:	(circle one) not due yet				
Date Requested Money only	(Calendar) Anniversary				
I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise th	eduled work day. If anything should prevent my return, I will hem of my circumstances. They will counsel accordingly.				
4 Patrice Bratter					
Employee Signature					
NOTE: This form must be completed and received by the Human Resource If 2-week notification is not given, vacation/holiday pay may be delayed.	ccs Department at least 2 weeks prior to the requested day(s) off.				
SECTION 2 To Be Completed by Human Resources	63 MAV 7				
<u>Vacation</u>	Floating Holidays				
1) Total Days Due:	Total Days Due:				
2) Days Requested:	Days Requested;				
3) Days Remaining:	Days Remaining: PAVAGLE				
(1 - 2 = 3)	MAY 1 0 2002				
Human Resources Representative's Signature	Date WEEK FINITION				
*	- Na				
SECTION 3 To Be Completed by Employee's Supervisor(s) and					
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved ☐ Disapproved ☐				
Signature Date	Signature Date				
Signature Date FOREMAN: Approved Disapproved	Signature Date PLANT MANAGER: Approved □ Disapproved □				

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MOUNTAIRE Time Off Request Form

Name Dany	Daniel	S.S.#_ <i>.[</i>	85-56-253	3/	
Date of Hire m	ay 2 1 st - 1998	7	Department	live hauk	
MOINTE	□ NON-UNION	•	□ SALARII	ED 57.12	
(CHECK ONE). Vacation	VAI.	Personal/Flo Holiday - Ca			
-		Personal/Flo Holiday -Anr			
Day/Date(s) Requ	ested <u>4-27-2001</u>	WE'ss	72.01	NK : idit	: 20
I UNDERSTAND THA SHOULD PREVENT M THEY WILL COUNSEL	T IF THIS REQUEST IS GRANTED, I AM TO RETURN I WILL CONTACT MY SUPERVISOR ACCORDINGLY.	O RETURN ON THE ME RAND HUMAN RESOL	XT SCHEDULED WORK D IRCES AND ADVISE THEM	MY AND THAT IF ANYTHING 4 OF THE CIRCUMSTANCES.	
Employee's Signature	anis	<u> </u>	-2001		
			and the same of th		
SUPERVISOR'S SIGN	ATURE	DATE	CIAPPI	ROVED DISAPPROVE	SD
Tarry Hiff FOREMAY'S SIGNAT	DE .	4-20 DATE	-OI EAPPR	ROVED IDISAPPROVE	Ð
NIPERINTENDENT'S	SIGNATURE	DATE	CIAPPR	OVED CIDISAPPROVEI	D.
LANT MANAGER'S S	IGNATI IDE	DATE	CLAPPRO	OVED CIDISAPPROVED	> ′
	KONATURE			PAYROLL	
	FOR OFFICE USE ONLY: # OF DAYS # OF DAYS # OF DAYS	REQUESTED		TAY 1 2 2001 EK ENDING	
<u></u>					

MUUNIAIRE Time Off Request Form

Name Boriald Felton 6	°66588#222	40-0603
Date of Hire 5/11/01 . 12/10		ent Live HAUL
MON D NON D	ON HOURLY	SALARIED SON
(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar	i l
	Personal/Floating Holiday - Anniversary	
Day/Date(s) Requested Thurs day	29th Novemi	be .
I UNDERSTAND THAT IF THIS REQUEST IS GRANTED. I AU SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERV THET WILL COUNSEL ACCORDINGLY.	M TO RETURN ON THE NEXT SCHEDU (ISOR AND HUMAN RESOURCES AND)	LED FORK DAT AND THAT IF ANTTHONG LOVISE THEM OF THE CIRCUMSTANCES.
Ronald Fellon Golden S. Employee's Signature	11/27/0	
Employee's Signature	Date	
SUPERVISOR'S SIGNATURE	DATE	(: 00)0 CAPPROVED_CDISAPPROVE
Lany E. Hilb. J., FOREMAN'S LIGNATURE	1/-27-01 DATE	_ LAPPROVED LAPPROVE
SUPERINTENDENT'S SIGNATURE	DATE	_ CAPPROVED CIDISAPPROVE
PLANT MANAGER'S SIGNATURE	DATE	CAPPROVED CIDISAPPROVED
* OF DA	YS REQUESTED	DEC 01 201
FORM OIL services		

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MOUNTAIRE FARM Request for Vacation of	
SECTION 1 To Be Completed by Employee Date of Hiro	1/1/-
Employee Name: RONAld Felton 636 SSHE	1 773
VACATION:	
☐ ½ Day Date Requested	
☐ Full Day(s) Date(s) Requested	
Date Requested MONEY ONLY	(circle one) (Calendar) Anniversary
I understand that if this request is granted, I am to return on the nex will contact my supervisor and the Human Resources Department to accordingly.	t scheduled work day. If anything should prevent my return, I advise them of my circumstances. They will counsel
Monrald Fellon Sollo S., Employee Signature	3/8/02
NOTE: This form must be completed and reasonable the transport	Date /
NOTE: This form must be completed and received by the Human Res off. If 2-week notification is not given, vacation/holiday pay may be de	clayed.
SECTION 2 To Be Completed by Human Resources	
<u>Vacation</u>	Floating Holidays
1) Total Days Due:	Total Days Due:
2) Days Requested:	Days Requested:
3) Days Remaining:	Days Remaining:
โลยพ.โต (1 - 2 = 3)	
Humán Resources Representative's Signature	
Addition Resources Representative & Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor(s) a	nd/or Manager(s)
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved Disapproved
Signature Date	Signature Date
FOREMAN: Approved Disapproved D	PLANT MANAGER: Approved Disapproved
Signature Date	Signature
	Date Date
NOTE: PINK TO EMPLOYEE: YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE	E TO PERSONNEL/VACATION FILE. FRSE SIDE.

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The Completed by Employee Date of Hire 5/1/01 Dept. Live Hars L
nall Islate SS# 222-40-0603 Salaried
Date Requested
Y: (circle one) Requested Calendar Anniversary
the Human Resources Department to advise them of my circumstances. They will counsel accordingly. S S 2 Date Date
Be Completed by Human Resources Vacation Floating Holidays
Due: Total Days Due: sted: Days Requested: pays Remaining: Days Remaining:
(1-2=3) MAY 1 1 2002 WEFK FAIGUAGE
Sentative's Signature MAY 1 1 2002 WEFK ENDING Be Completed by Employee's Supervisor(s) and/or Manager(s)
esentative's Signature Date
Be Completed by Employee's Supervisor(s) and/or Manager(s)
Be Completed by Employee's Supervisor(s) and/or Manager(s) oved Disapproved Supervisor Supervisor Supervisor Supervisor Approved Disapproved Supervisor S
Be Completed by Employee's Supervisor(s) and/or Manager(s)

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MOUN'	CATRE FARMS C	F DELMARVA	
Reque	st for Vacation or I	loating Hollday	
SECTION 1 To Be Completed by Em	ployee Date of Hire 1	21-56-7639	Dept. Live hauf Union SVI Non-Union Hourly Salaried
ACATION:			
☐ ½ Day Date Re	equested		
Date Requested 9-1. understand that if this request is granted,	2-02-	(circle one) Calendar Anniversary	
understand that if this request is granted, contact my supervisor and the Human Reso imployee Signature NOTE: This form must be completed and f2-week notification is not given, vacation SECTION 2 To Be Completed by	received by the Human Resour holiday pay may be delayed.	Date Des Department at least 2 weeks	prior to the requested day(s) off.
Vacation 1) Total Days Due:		floa	
Days Requested: Days Remaining:	SEP.	1 4 2002 Days Remaining:	
•	2=3) WEEK	ENDING	
Human Resources Representative's Signs	ture	Date	
SECTION 3 To Be Completed by	enployee's Supervisor(s) as	nd/or Manager(s) SUPERINTENDENT:	Approved [] Disapproved [
Signature	Date	Signature	Date
	sapproved □ 9 - 12 - 0 Z	PLANT MANAGER:	Approved [] Disapproved [
Signature	Date	TE TO PERSONNEL/VACATION FU	

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MOUNTAIRE FARMS O Request for Vacation or I	OF DELMARVA Floating Holiday
SECTION 1 To Be Completed by Employee Date of Hire	
Employee Name:	not enough weeks
PLOATING HOLIDAY Date Requested Moncy Only	Anniversary Anniversary Anniversary
I understand that if this request is granted, I am to return on the next schele contact my supervisor and the Human Resources Department to advise the Employee Signature NOTE: This form must be completed and received by the Human Resources and the Human Resources.	1-27-03 Date 30 JAN 30
NOTE: This form must be completed and received by the Fluman Resources If 2-week notification is not given, vacation/holiday pay may be delayed. SECTION 2 To Be Completed by Human Resources	Conque Cota
Yacation 1) Total Days Due: 2) Days Requested: 3) Days Remaining:	Total Days Due: Days Requested: Days Remaining:
(1 - 2 = 3) Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved Disapproved	d'or Manager(s) SUPERINTENDENT: Approved □ Disapproved □
Signature Date	Signature Date
FOREMAN: Approved Disapproved D	PLANT MANAGER: Approved ☐ Disapproved ☐
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REV	ETO PERSONNEL/VACATION FILE. ERSE SIDE.

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire 1-22-02 Dept Live heart Employee Name: Tony Parker SS# 221-56-7639 Dept Live heart SS# 221-56-7639 Dept Live heart SS# 221-56-7639 Dept Live heart			
VACATION: Date Requested			
FLOATING HOLIDAY: 7 Date Requested Moncy On Calendar Anniversary			
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly. Dut D D			
SECTION 2 To Be Completed by Human Resources Part			
Human Resources Representative's Signature Date			
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s) SUPERVISOR: Approved Disapproved Disapproved Disapproved			
Signature Date Signature Date			
FOREMAN: Approved Disapproved			
NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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